2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 566564 1. Entity Name OAKS MANAGEMENT COMPANY				FILED Mar 22, 2000 8:00 am Secretary of State 03-22-2000 90193 001 ***300.00		
Principal Place of Business 9150 SW 87 AVECTE. 205		Mailing Address 9150 SW 87 AVESTE. 205MIAMI FL 33176-2313 -US		: - 100/81 811/8 811/8 811/6 81/8/ 81/10 81/11 81/10	endu eren akan eren aken eren	
2. Principal Place of Business 7177 Mouture Drive Suite, Apt. #, etc.		3. Mailing Address 7177 Wontress AR Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Boca Roton Fl		Boca Roben F1		4. FEI Number 59-1799125 Applied For Not Applicable		Applicable
334	33 Country 45	33433	Country		\$8.75 Addition	onal
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent		
GOLDBERG, ROBERT S -9150 SW 67 AVE., #205			Street Address	ess (P.O. Box Number is Not Acceptable)		
l	4 1 FL 33176 -		7172	mantrico Du	٠	
			Cit Bo La	e Ration 1	FL Zigge	<u>5 E</u>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		1		
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP	GOLDBERG, ROBERT S. 9150 SW 87-AVE., #205 MIAMITE	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7177 Montrico Drive Boca Raton, Fla. 33433		32E034 (9/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDBERG, ROBERT S. 9150 SW 87 AVE., STE. 20 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. & S. GOLDBERG 7177 Montrico Drive Boca Raton, Fla. 33433	☐ Change	☐ Addition C
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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indicated of the cor	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyor on an attachment with an address, w	rue and accurate and that my : wered to execute this report as	sionature shall have the	same legal ettect as it made under gath	· that i am an officer or	rairector i